

2007 JAN 10 P 2:35

**Campaign Finance Section
Financial Reports**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: FRIENDS OF ROB BOOK

Account Number: _____

Date of this Report: 1/10/07

REPORTING PERIOD: FROM: 1/1/06 TO: 12/31/06

Check the box that applies to this report:

- | | | |
|------------------|--------------------------------|---------------------------------|
| Primary Election | <input type="checkbox"/> 8-DAY | <input type="checkbox"/> 30-DAY |
| General Election | <input type="checkbox"/> 8-DAY | <input type="checkbox"/> 30-DAY |
| Other Election | <input type="checkbox"/> 8-DAY | <input type="checkbox"/> 30-DAY |
| Special Election | <input type="checkbox"/> 8-DAY | <input type="checkbox"/> 30-DAY |

Office: _____

Year End Report Final Organization Closing

Closing Date: 1/10/07

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Elizabeth Hammond _____ 1/10/07
TREASURER SIGNATURE DATE

R. Book _____ 1/9/07
CANDIDATE SIGNATURE DATE



STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: _____ REPORTING PERIOD: 1/1/06 12/31/06
FROM TO

1. BEGINNING BALANCE (Close Out Balance from last reporting period)	<u>- 0 -</u>
2. RECEIPTS:	
A. SCHEDULE A - TOTAL RECEIPTS	<u>1314.23</u>
B. SCHEDULE C-1 - TOTAL IN-KIND CONTRIBUTIONS	<u>- 0 -</u>
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED	<u>- 0 -</u>
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED	<u>- 0 -</u>
E. SUBTOTAL (Total of A, B, C, D)	<u>1314.23</u>
3. EXPENDITURES:	
F. SCHEDULE B - TOTAL EXPENDITURES	<u>1314.23</u>
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES	<u>- 0 -</u>
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS	<u>- 0 -</u>
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID	<u>- 0 -</u>
J. SUBTOTAL (Total of F, G, H, I)	<u>1314.23</u>
4. ENDING BALANCE (Beginning Balance plus 2E, minus 3J)	<u>- 0 -</u>
5. VALUE OF NON-CASH ASSETS (From Schedule F)	<u>- 0 -</u>
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)	<u>- 0 -</u>
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)	<u>- 0 -</u>
8. CLOSE OUT BALANCE (Must equal zero if Committee closed)	<u>- 0 -</u>

Delaware elections

one vote that started a nation

SCHEDULE B - TOTAL EXPENDITURES

ACCT #: _____ REPORTING PERIOD: 1/1/06 FROM 12/31/06 TO _____

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended
2/10/06	Artisan Bank	Box 908 Wilmington DE			10.60
1/27/06	TOP END DESIGN	172W PARK PLACE NEWARK DE			70.00
1/27/06	PRINT-N-PRESS	110W MARKET ST NEWPORT DE			782.00
4/20/06	ALWAYS ADVERTISING	Box 320 Cambridge DE			244.41
4/13/06	TOP END DESIGN	172W PARK PLACE NEWARK DE			69.00
10/9/06	FRIENDS TO ELECT WYSSSES S. GRANT	300 TORBERT ROAD MILFORD DE			138.22
TOTAL EXPENDITURES IN EXCESS OF \$100					1164.63
TOTAL EXPENDITURES NOT IN EXCESS OF \$100					149.66
GRAND TOTAL EXPENDITURES					1314.23
<small>(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)</small>					



SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #: _____

REPORTING PERIOD: _____

1/1/06 - 12/31/06
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED					- 0 -
<small>(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)</small>					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID					- 0 -
<small>(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)</small>					

